

FLORIDA INSURANCE AFFIDAVIT

I, _____ do hereby certify that I
Name of Insured
have: ☐ Personal Injury Protection ☐ Property Damage Liability, currently in effect with:

Insurance Company Name / Agent _____ Policy Number / Binder Number _____ Company Number (5 digits) _____
on the following described motor vehicle _____
Year Make Vehicle Identification Number

This insurance company is licensed to issue insurance policies in Florida.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I
HAVE READ THE FOREGOING DOCUMENT AND THAT
THE FACTS STATED IN IT ARE TRUE.**

Signature of Insured
PURSUANT TO S. 320.02, F.S.

HSMV 83330 (Rev. 11/99) S

**MANDATORY FLORIDA NO-FAULT INSURANCE IS
REQUIRED TO BE MAINTAINED CONTINUOUSLY
THROUGHOUT THE ENTIRE REGISTRATION PERIOD.**

**FAILURE TO MAINTAIN THE REQUIRED COVERAGE
COULD RESULT IN SUSPENSION OF YOUR DRIVER
LICENSE, LICENSE PLATE, AND REGISTRATION.**

PURSUANT TO SECTION 627.733, FLORIDA STATUTES

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